

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | |
|---|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Schock for Congress

A.

Full Name (Last, First, Middle Initial)
Mrs. Marilyn J Hayden

Mailing Address 352 Deep Wood Road

City State Zip Code
Barrington IL 60010-8618

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
State: District: ☐ Other (specify) ▼

Transaction ID: BCD1CF95767CE42A6959

Date of Disbursement

/ /

Amount of Each Disbursement this Period

700.00

B.

Full Name (Last, First, Middle Initial)
Mr. Jerry L Hayden

Mailing Address 357 Deepwood Road

City State Zip Code
Barrington IL 60010-8619

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
State: District: ☐ Other (specify) ▼

Transaction ID: B97622802BE5340978B6

Date of Disbursement

/ /

Amount of Each Disbursement this Period

400.00

SUBTOTAL of Disbursements This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

1100.00